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CONFIRMATION NO. 8826

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/882,371 06/14/2001 PAT 6,662,033  
which is a CON of 09/003,413 01/06/1998 PAT 6,272,363  
which is a CON of 08/413,578 03/30/1995 PAT 5,782,237  
which is a CIP of 08/221,911 04/01/1994 PAT 5,421,329

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	14	1	1
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

52144

## TITLE

OXIMETER WITH SELECTION BETWEEN CALCULATIONS BASED ON PATIENT TYPE

FILING FEE RECEIVED 1300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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